

**Fee Calculation Sheet**  
(FOR USE WITH FORM PTO-875)

09/937767

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	1		1				
4	1		1				
5	2		1				
6	1		1				
7	1		1				
8	1		1				
9	1		1				
10	1		1				
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50							
TOTAL IND.			1				
TOTAL DEP.			21				
TOTAL CLAIMS			22				

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

ORM PTO-1350 (REV. 3-78)

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